

To Whom It May Concern:

I am writing you today to let you know I am OBJECTING to the City of Detroit's Debtor's 28th Omnibus Objection to MY CLAIM, concerning the chapter 9 bankruptcy and the 10 percent pay cut. The city of Detroit did not need to cut my pay by 10% for 27 months. The department I was in water and sewerage collects over a \$1 billion dollars a year from at least 92 cities and townships in the State of Michigan.

The ten percent pay cut caused me a loss income I need to receive back. If you look on the third page at check stub for week 43, my weekly pay was \$602.40 which amounts to \$15.06 an hour, before my pay was cut. If you look on the check stub for week 44, my weekly pay was reduced to \$542.20 which amounts to \$13.55 an hour, after my pay was cut. That amounts to a weekly pay cut of \$60.20 and an hourly pay cut of \$1.51 an hour. The longevity pay that owed to me from 2010 is \$300.

The pay cut continued until 1/25/2015 as shown on the third page, under check stub for week 05. That amounts to a loss of wages of \$7343.40 over 27 months. The check stub on the fourth page show the stub for week 06, when my pay increased. The pay cut amounts to a loss of wages of \$6560.80 over 24 months, \$3430.40 over 12 months.

The City of Detroit owes me the above mention amounts for 27 months, 24 months and 12 months. My claim number is 2096.

Andre B. Canty
3/11/2016

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BANKRUPTCY COURT
7. MICHIGAN-DETROIT

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): Andre R. Canty		COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent: 31410 John R Road Apt. 109 Madison Heights, MI 48071			
Telephone number: (248) 592-0784 email: _____			
Name and address where payment should be sent (if different from above): 31410 John R Road Apt. 109 Madison Heights, MI 48071			
Telephone number: (248) 592-0784 email: _____			
1. Amount of Claim as of Date Case Filed: <u>\$ Longevity 10% 1992 Hrs. X 10% of pay rate, and Spring Holidays for 2 years X rate of pay, and 10% rate of pay since 2012. #39,040 X .079</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>Longevity</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: <u>0</u>		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____		5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____. \$ _____	
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
8. Signature: (See instruction # 8) Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.			
Print Name: <u>Andre R. Canty</u> Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____ Telephone number: _____ email: _____		<u>Andre R. Canty</u> <u>2/15/2014</u> (Signature) (Date)	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

250087 PAYROLL A

FOR 10/15/2012 TO 10/21/2012

PAID 10/26/2012

CK000102

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

				EMPLOYEE NAME				BANK		ACCOUNT				WEEK 43	
CANTY, ANDRE															
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS								YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT			
REGULAR				FICA	2439	114264	BENEFIT PLAN	40	DEFERRED PAY PLAN		GROSS EARNINGS	275327			
OVERTIME				FEDERAL WITHHELD	6201	304035	LIFE INS.	127	SURVIVOR BENEFIT			00			
SHIFT PREM.				MICHIGAN WITHHELD	2224	105387	RET. DET.	1807	CREDIT UNION		VACATION	30400			
COLA				DETROIT WITHHELD	1423	66774	BONDS				COMP. TIME	1600			
SICK	4000		60240	HOSPITAL	2180	4360	38011	00			PRIOR COMP. TIME	1600			
				MEDC	842	39448					SICK TIME	112800			
											RESERVE SICK TIME	57600			
				45030	1731	39082									
TOTAL GROSS			60240	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				19014	AMOUNT OF CHECK		41226				

MAIL CODE 2250

AGENCY 62

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

250287 PAYROLL A

FOR 10/22/2012 TO 10/28/2012

PAID 11/02/2012

CK000199

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

				EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
				CANTY, ANDRE				54		0833110257		44	
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS							YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR				FICA	2277	116541	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	280749	
OVERTIME				FEDERAL WITHHELD	5625	309660	LIFE INS.		SURVIVOR BENEFIT			00	
SHIFT PREM.				MICHIGAN WITHHELD	2057	107444	RET. DET.	1627	CREDIT UNION		VACATION	30400	
COLA				DETROIT WITHHELD	1327	68101	BONDS				COMP. TIME	1600	
SICK	4000		54220	HOSPITAL		00	38011	00			PRIOR COMP. TIME	1600	
				MEDC	786	40234					SICK TIME	108800	
											RESERVE SICK TIME	57600	
TOTAL GROSS			54220	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				13699	AMOUNT OF CHECK		40521		

MAIL CODE 2250

AGENCY 62

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

250287 PAYROLL A

FOR 1/19/2015 TO 1/25/2015

PAID 1/30/2015

ST5001860

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

			EMPLOYEE NAME					BANK		ACCOUNT			WEEK	
			CANTY, ANDRE					04		0307049833			05	
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS							YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT		
REGULAR	3200		43376	FICA	4279	20889	BENEFIT PLAN	40	DEFERRED PAY PLAN		GROSS EARNINGS	357166		
OVERTIME	850		17283	FEDERAL WITHHELD	7325	35438	LIFE INS.	127	SURVIVOR BENEFIT			00		
SHIFT PREM.	3200		800	MICHIGAN WITHHELD	2515	12225	RET. DET.	5800	CREDIT UNION		VACATION	800		
COLA				DETROIT WITHHELD	1043	8010	BONDS				COMP. TIME	1800		
HOL	800		10844	HOSPITAL	3597	7194	38011	00			PRIOR COMP. TIME	1600		
PREM	850		319	MEDC	1000	4885					SICK TIME	5600		
				45030	1558	4674					RESERVE SICK TIME	00		
TOTAL GROSS			72622	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				27884	AMOUNT OF CHECK		44738			

MAIL CODE 2250

AGENCY 62

UNIT 2250

NOT NEGOTIABLE
DETACH AND RETAIN FOR YOUR RECORDS PAYROLL

EMPLOYEE NAME CANTY, ANDRE				BANK 04		ACCOUNT 0307049833				WEEK 06			
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	4000		66263	FICA	3886	24775	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	423429	
OVERTIME				FEDERAL WITHHELD	6299	41737	LIFE INS.		SURVIVOR BENEFIT			00	
SHIFT PREM.				MICHIGAN WITHHELD	2224	14449	RET. DET.	5964	CREDIT UNION		VACATION	800	
COLA				DETROIT WITHHELD	1472	9482	BONDS				COMP. TIME	1600	
				HOSPITAL MEDC	909	5794		00			PRIOR COMP. TIME	1600	
											SICK TIME	6400	
											RESERVE SICK TIME	00	
TOTAL GROSS			66263	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				20754	AMOUNT OF CHECK		45509		
MAIL CODE 2250		AGENCY 62		UNIT 2250		NOT NEGOTIABLE DETACH AND RETAIN FOR YOUR RECORDS						PAYROLL	